

DOCKET NO. 108430.025D  
Serial No. 10/634,330  
Response to Office Action dated Feb. 17, 2004

PATENT

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of Richard Novak, et al.

Title                      METHOD FOR REMOVAL OF PHOTORESIST USING SPARGER  
Serial No.:                10/634,440  
Art Unit:                  1763  
Filed:                      August 5, 2003  
Attorney Docket:        108430.025D  
Examiner:                Sylvia MacArthur

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*Brian L. Belles*  
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AMENDMENT

In response to the Office Action of February 17, 2004, reconsideration is requested in  
view of the following amendments and remarks.

Amendments to the Claims begins on page 2

Remarks begin on page 7 of this reply.

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MESSAGE: Serial No. 10/634,440  
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METHOD FOR REMOVAL OF PHOTORESIST USING SPARGER  
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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/634,440
	Filing Date	August 5, 2003
	First Named Inventor	Novak
	Art Unit	1763
	Examiner Name	Sylvia MacArthur
Total Number of Pages in This Submission	Attorney Docket Number	108430.025D

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Brian L. Belles
Signature	<i>Brian L. Belles</i>
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